**Contra Costa Perinatal Update January 2018**

**Where do I refer for Perinatology (MFM) care?**

Obstetric consultation usually starts with the OBGYN Attending on call at CCRMC.

      For questions call the GYN pager  925-346-4496 (496 = GYN).

      For potential transfers to L and D call 370-5608 and ask to speak to an Attending.

      Consultations can also be scheduled in any of the MD/DO prenatal clinics but be sure to indicate whether you want a consultation versus transfer of care—and also schedule follow up with yourself if you plan to continue following patient

\*Please do not use the Prenatal clinics for vacation coverage for uncomplicated prenatal patients normally followed in FM clinic.  Best to schedule with a family medicine colleague for standard care so appointments are available for the prenatal clinic patients.

**But what about actual Maternal-Fetal Medicine (MFM) (also known as Perinatology)?**

**1.  UBCP** (UCSF Benioff Chilfren’s Physicians Maternal-Fetal Medicine):  UBCP is our primary group for MFM consultation.  They provide on site consultation clinics at PHC, MHC, and WCHC.  They have a main office in Oakland and a satellite office in Walnut Creek.  The MFM consultant on call is in amion.  They admit to Alta Bates and we call them directly for questions and transfers to ABMC.  (we used to call ABMC  to find out who is on call—now please check amion)  They take CCHP and MediCal for genetic testing and ultrasound.  They take CCHP for transfer of care.  They do not take MediCal for transfer of care at this time although these patients can normally be handled through our internal consultation clinics.  We have a formal contract with them for MFM back up.

**Diablo Valley Perinatal Group**is associated with JMH.  We send patients to them for genetic counseling, antenatal screening, and level 2 ultrasounds when UBCP appointments are not available.  If there is an abnormal finding on a test that they have performed, we normally consult with them regarding the follow up plan.  They take both CCHP and MediCal

**Alta Bates Summit Perinatologists**  A SF based group that now provides on call care for ABMC and runs the ABMC  Medi-Cal clinic.  They take MediCal and patients with straight MediCal are sent to them transfer of care mostly from community clinics.  They do not do ultrasounds or genetic testing

**Gestational Diabetes--Change in Glucose Goals**

**Fasting < 95 and 1 hours PP < 140**

In order to be in agreement with our primary consulting Perinatology group UBCP, and ACOG recommendations, we are relaxing glucose goals for GDM/DM patients.  The stricter goals came from California Sweet Success, now defunded.  We are now recommending goals of fasting < 95 and Postprandial < 140. (previously  90 and 130).  The glucose monitoring is performed before eating in the morning and one hour post starting the meal 3 times a day.  This may decrease the number of GDMA2 patients on medication, thus reducing the need for induction of labor 39-40 week and antepartum testing.  Lower glucose values are still likely better for preventing fetal macrosomia, shoulder dystocia, preeclampsia, obesity in children, and future diabetes in the mother.  Diagnosis, and follow up will remain the same at this time.

**Genital Herpes in Pregnancy – order IgG as well as PCR**

If you see a potential herpes lesion in pregnancy, please order a herpes IgG  serology at the time you do the PCR.  This test provides important information regarding the risk of vaginal delivery and can help decrease the need for empiric lab testing and treatment of the neonate.  If the IgG is positive, this indicates a recurrent infection and the risk to the baby is much less than with a primary infection (negative IgG, positive PCR).  IgM can also be ordered and maybe useful near term, although the test is not as reliable as the IgG.  We recently had a baby have complications from HSV empiric treatment while waiting for results of the IgG so please order the HSV IgG =/- IgM if you have any concerns about Herpes in a pregnant woman.  An HSV IgG is also a good test to get if she has potential exposure -- e.g. partner with herpes.

 Please sent questions and requests for topics to judithbliss@hotmail.com

Look for ZIKA and Thyroid antibodies in the February Perinatal Update